## PATENT APPLICATION FEE DETERMINATION RECORD

Effective atober 1, 2000

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |                      |  |              |          |  |                  |       |                    | L ENTITY   | 1       | OTHE                | R THAN                 |  |
|--|--|----------------------|--|--------------|----------|--|------------------|-------|--------------------|--|---------|---------------------|------------------------|--|
| F  | OR   |                      | NUMBER FILED   |              |          | (Column 2) NUMBER EXTRA                    |                  |       | TYPE               |  |         | SMALL               | SMALL ENTITY           |  |
| BASIC FEE                                      |  |                      |  |              |          |  |                  |       | RATE               | FEE  | -       | RATE                | FEE                    |  |
| TOTAL CLAIMS                                   |  |                      | STATE OF THE PARTY | // mi        | nus 20=  |  |                  |       |                    | \$ 35.   | OF      |                     | \$710                  |  |
| ┢─   |  | CLAUAC               |  | <del>-</del> | _        | <del> </del>                               | <del></del>      |       | X\$ 9=             |  | OF      | X\$18=              |                        |  |
| <b> -</b> -                                    | INDEPENDENT CLAIMS   minus 3 =   *  MULTIPLE DEPENDENT CLAIM PRESENT   |                      |  |              |          |  |                  |       | X40=               | $\perp$  | OF      | X80 =               |                        |  |
| L  | MOETIL DE DEPENDENT CLAIM PRESENT  |                      |  |              |          |  |                  |       |                    |  | OF      | +270=               |                        |  |
| * [  | * If the difference in column 1 is less than zero, enter "0" in column 2   |                      |  |              |          |  |                  |       | +135 =             | -  | OR      | L                   |                        |  |
| CLAIMS AS AMENDED - PART II                    |  |                      |  |              |          |  |                  |       |                    | <u> </u>   | _101    |                     | 定フ/(<br>THAN           |  |
|  | (Column 1) (Column 2) (Column 3)   |                      |  |              |          |  |                  | )     | SMALL              | ENTITY   | OR      |                     |                        |  |
| MENDMENT A                                     |  | REM.                 | AINING<br>TER<br>DMENT   |              | P        | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                | ADDI-<br>TIONA<br>FEE  |  |
| QN   | Total  | *                    | 10   | Minus        | **       | 20   | =                |       | X\$ 9=             |  | OR      | X\$18=              |                        |  |
| AME  | Independent  | *                    | 2  | Minus        | **       | >  | =                | ]     | X <i>40</i> =      | <del> </del> -                                   | OR      | 7000                | <b> </b>               |  |
|  | FIRST PRES   | ENTATIO              | N OF M   | ULTIPLE      | DEPEN    | DENT CLAIM                                 | 1                | Ĵ ¦   | +/35 =             | <del>                                     </del> | 7       | <u> </u>            |                        |  |
|  |  |                      |  |              |          |  |                  |       |                    |  | OR      | +270=               |                        |  |
| Ē  | (Column 1) (Column 2) (Column 3)   |                      |  |              |          |  |                  |       | TOTAL<br>DDIT. FEE |  | OR      | TOTAL<br>ADDIT. FEE |                        |  |
| œ  |  | CL/                  | NMS  |              |          | Column 2)<br>HIGHEST                       | (Column 3)       | ŀr    |                    | ADDI   | 7       |                     |                        |  |
| AMENDMENT                                      |  | AF                   | VINING<br>TER<br>DMENT   |              | PF       | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | * .                  |  | Minus        | **       |  | =                |       | X\$ 9=             |  | OR      | X\$18=              |                        |  |
| AMI  | Independent  | *                    |  | Minus        | ***      |  | =                | !     | X40=               |  | 1 1     | X80 <u>±</u>        | <u> </u>               |  |
|  | FIRST PRESE  | NIAHO                | N OF MU  | JLTIPLE      | DEPEND   | DENT CLAIM                                 |                  | -     | +135=              |  | OR      |                     |                        |  |
|  |  |                      |  |              |          |  |                  |       |                    |  | OR      | +270=               | <del></del>            |  |
| F  | •  |                      |  |              |          |  |                  | Αſ    | TOTAL<br>DDIT. FEE |  | OR ,    | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Colui<br>CLA        |  | M-25000      |          | olumn 2)<br>HIGHEST                        | (Column 3)       |       |                    |  |         |                     |                        |  |
| MENT   |  | REMA<br>AFT<br>AMEND | ER   |              | PR       | NUMBER<br>EVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                      | Total  | *                    |  | Minus        | **       |  | =                |       | X\$ 9=             |  | OR      | X\$18=              |                        |  |
|  | Independent  | *                    |  | Minus        | ***      |  | =                | -     | X40=               | _  |         | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                      |  |              |          |  |                  |       | <del></del>        |  | OR      | /w=                 | <u></u>                |  |
| * If   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number for |                      |  |              |          |  |                  |       | 135=               |  | OR      | +2 <b>7</b> 0=      |                        |  |
| ****   |  |                      |  |              |          |  |                  |       | TOTAL<br>DIT. FEE  |  | OR A    | TOTAL<br>DDIT. FEE  |                        |  |
| 1  | ne "Highest Num  | ber Previo           | usly Paid  | For (Tota    | or Indep | endent) is the                             | highest number   | found | in the appr        | opriate box                                      | in colu | mn 1,               |                        |  |



|  |  |   |                            |                    |                                   |                  |       |            | Application or Docket Number |       |                     |                        |  |  |
|--|--|---|----------------------------|--------------------|-----------------------------------|------------------|-------|------------|------------------------------|-------|---------------------|------------------------|--|--|
|  | PATENT A   |   | ION FEE D<br>fective Octob | RD                 |                                   | 150549           | 1     |            |                              |       |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Cotumn 2)   |  |   |                            |                    |                                   |                  |       |            | ENTITY                       | OR _  | OTHER<br>SMALL      |                        |  |  |
| FOR  |  | NUM   | BER FILED                  | ١                  | NUMBER                            | RATI             |       | FEE        |                              | RATE  | FEE                 |                        |  |  |
| BASIC  | FEE  |   |                            |                    |                                   |                  |       | 395.00     | OR                           |       | 790.00              |                        |  |  |
| TOTA   | L CLAIMS   |   | 10/2 minus                 | 20 = *             | =                                 |                  |       | =          |                              | OR    | x\$22=              | )                      |  |  |
| INDE   | PENDENT CLA  | IMS   | 2 minu                     | s 3 =   *          | *                                 |                  |       | =          |                              | OR    | x82=                |                        |  |  |
| MULT   | IPLE DEPEND  | ENT CLAIM P   | RESENT                     |                    |                                   | +135=            |       |            | OR                           | +270= |                     |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                            |                    |                                   |                  |       | \L         |                              | OR    | TOTAL               | 1                      |  |  |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                            |                    |                                   |                  | SM    | ALL        | ENTITY                       | OR    |                     | R THAN<br>ENTITY       |  |  |
| AMENDMENT A  | Pre.   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN  |                            | NU!<br>PREV        | HEST<br>MBER<br>HOUSLY<br>D FOR   | PRESENT<br>EXTRA | RATI  |            | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| Ω  | Total  | . 10  | Minus                      | ** c               | 20                                | =                | x\$11 | =          |                              | OR    | x\$22=              |                        |  |  |
| ME   | Independent  | · 9   | Minus                      | ***                | 3                                 | <b>=</b>         | x41   | =          |                              | OR    | x82=                |                        |  |  |
| <b>A</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                            |                    |                                   |                  |       | <u>;</u> = |                              | OR    | +270=               |                        |  |  |
|  | (Column 1) (Column 2) (Column 3)                             |   |                            |                    |                                   |                  |       |            | TOTAL<br>ADDIT. FEE          |       |                     |                        |  |  |
| ENT B  |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDMEI   | G                          | HIG<br>NUI<br>PREV | HEST<br>MBER<br>MOUSLY<br>D FOR   | PRESENT<br>EXTRA | RAT   | E          | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | . 10  | Minus                      | ** -=              | 20                                | =                | x\$1  | <br> =     |                              | OR    | x\$22=              |                        |  |  |
| AMENDME  | Independent  | . 2   | Minus                      | ***                | >                                 | =                | x41   | =          |                              | OR    | x82=                |                        |  |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                            |                    |                                   |                  |       | 5=         | *                            | OR    | +270=               |                        |  |  |
|  | (Column 1) (Column 2) (Column 3)                             |   |                            |                    |                                   |                  |       | TAL<br>FEE |                              | OR    | TOTAL<br>ADDIT. FEE |                        |  |  |
| ENTC   | AM   | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME  | G                          | HIG<br>NU<br>PRE\  | GHEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT          | RAT   | E          | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT  | Total  | .10   | Minus                      | **                 | 20                                | = · `            | x\$1  | 1=         |                              | OR    | x\$22=              |                        |  |  |
| MEN  | Independent  | . 7   | Minus                      | ***                | 3                                 | = -              | x41   | =          |                              | OR    | x82=                |                        |  |  |
| <b>A</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                            |                    |                                   |                  |       | 5=         |                              | OR    | +270=               |                        |  |  |
| ** 16  | the "Highest Nu  | e entry in column 1 is less than the entry in column 2, write "0" in column 3.  "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                            |                    |                                   |                  |       |            |                              | OR    | TOTAL<br>ADDIT. FEE |                        |  |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEADDIT. FEE |  |   |                            |                    |                                   |                  |       |            |                              |       |                     |                        |  |  |